

GLEANINGS FROM THE MEDICAL PRESS

IN CHARGE OF
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LIGHT IN THE TREATMENT OF PULMONARY TUBERCULOSIS.—Dr. George G. Hopkins, of Brooklyn, N. Y., has an interesting article in the *Philadelphia Medical Journal* on the treatment of phthisis by means of light.

He uses an electric lamp with a condensing lens, so that at a distance of fifteen feet the light could be concentrated on a surface an inch in diameter if desired. A screen made of strips of blue glass is placed between the patient and the lamp to cut off some of the heat-rays. The chest of the patient is bared and the light concentrated to a circle of fifteen or twenty inches in diameter. The exposures vary from half an hour to an hour, and are given daily.

The first effect of the light is a diminution of cough and temperature within forty-eight hours. There is a gain in weight, the amount of expectoration is perceptibly diminished, and the number of bacteria very much reduced within the first week of treatment. Light being a powerful germicide, their destruction is supposed to be due to its concentration upon them.

Several patients who on beginning treatment walked a block with difficulty, at the end of two weeks could walk a mile.

Dr. Hopkins has treated ten cases in all. The period of experiment has been less than a year, but the success is sufficient to warrant a continuance of the treatment.

REMOVAL OF SUPERFLUOUS HAIR BY THE X-RAYS.—Dr. William Allen Husey reports his experience in the use of the Röntgen rays for the removal of superfluous hair on the chin and upper lip in nine cases. Two, of which a detailed account is given in the *Journal of the American Medical Association*, were women. One was afflicted with a growth of coarse black hair from half an inch to an inch and a half long on chin and upper lip, the other with an abundant growth of coarse brown hair on the same parts. The treatment caused some erythema, but after that had disappeared the skin remained white, smooth, and perfectly normal in appearance, and the growth of hair did not return.

TREATMENT OF THE BREASTS DURING PREGNANCY AND NURSING.—The *Journal of the American Medical Association* has a useful article on this subject, so interesting to nurses engaged in obstetrical nursing. It says, beginning five or six weeks before the expected time of confinement and continuing its use daily until confinement, lanolin applied externally with friction every night is of great value. The nipple should be well washed in the morning with pure soap and

water, rinsed off, and thoroughly dried. The following to be applied locally during the first week or two of nursing:

Tinct. benzoin comp., 3*ss*;
Olive oil, 3*ii*;
Lanoline, 3*vi*.

When the nipples crack they and the breasts should be washed with boric acid solution. If only one nipple is affected, the breast-pump should be used for a few days to give it rest. An ointment composed of

Bismuth subnit., 3*iii*;
Tinct. benzoin comp., q.s. ad. 3*i*,

should be applied night and morning. The child's mouth should be examined as a possible source of infection.

To prevent fissures the application of equal parts of glycerole of tannin and distilled water twice daily is recommended.

THE FOURTH DISEASE.—Dr. J. J. Weaver, in the *Dublin Journal of Medical Science*, quoted by the *New York Medical Journal*, says that Dr. Clement Dukes points out that there is an infectious disease which provisionally he calls "fourth disease," because it is an additional disease to the three others, scarlet-fever, measles, and German measles. It closely resembles scarlet-fever and is apt to be mistaken for it, the rashes being practically indistinguishable.

The distinguishing points are that even when the rash—which usually appears first on the face, about the mouth—is extensive the elevation of temperature is slight, not above 100° F. usually, and the pulse is not accelerated; the throat symptoms are slight or absent; there is little feeling of illness and no loss of appetite.

The tongue, which in scarlet-fever peels on the fourth day, does not peel in the "fourth disease," and there is usually no desquamation. In all other respects it is very like German measles. The eruption is usually the first symptom in both diseases. The incubation period is from nine to twenty-one days, and the throat and eye symptoms are much the same.

Sir William Broadbent states in the *Lancet* that "he accepts without hesitation the differentiation of rubella into two distinct diseases which Dr. Clement Dukes has made."

IRON IN MOTHER'S MILK.—The *Journal of the American Medical Association* quotes from one of its foreign exchanges a paragraph by J. K. Friedjung on this subject. He says: "One of the disadvantages of the artificial feeding of infants is probably the lack of iron, which is always found in the normal milk of healthy women in a proportion of 3.52 to 7.21 milligrammes to the litre in twenty-one cases investigated. The women were nineteen and twenty-seven years old, the infants ten days to nearly ten months. When nurslings do not thrive on apparently normal milk the proportion of iron is usually found to be subnormal."

OSTEOMALACIA IN PREGNANCY.—The New York *Medical Journal* contains an interesting contribution on this subject from Dr. Jennie G. Drennan, of St. Thomas, Ontario. In quoting from Dr. Branth, writing in the same journal, she mentions the fact that lionesses fed on bones too large for mastication give birth to offspring with cleft palates. In the human mother insufficient phosphate of lime in the food would not so affect the foetus because it would draw on the tissues of the mother for the necessary calcium salts. If the mother's food did not contain a sufficient supply for both, the mother's own bony structures would suffer, becoming soft and resulting in the condition known as osteomalacia. This emphasizes the importance of a properly regulated diet during pregnancy.

DISINFECTION OF URINE IN TYPHOID.—From an early time, before our knowledge of bacteria, it was realized that the intestinal tract was an important agency in transmitting the disease typhoid. As time went on and bacteriologic knowledge increased, it was recognized that typhoid is not exclusively a disease of the intestinal tract, that is, that its lesions are not exclusively confined to those structures, and later investigators learned that typhoid bacilli are eliminated with urine in a considerable proportion of cases, sometimes in enormous numbers and sometimes in pure culture. They do not, as a rule, appear in the urine until the second or third week of the disease, and when once present may persist for a long time, even years. With a knowledge of these facts it is plain that the urine not less than intestinal discharges ought to be subject to disinfection as a prophylactic measure. Dr. N. B. Gwyn reports the result of investigation into the most thorough means of disinfection of urine. He found that milk of lime is neither rapid nor certain, while carbolic is of value only in large amounts or in very strong solution. Mercuric chlorid he found acted as a powerful and rapid disinfectant, only a small amount being required. Formaldehyde was found efficient, but too expensive for practical purposes. Chlorinated lime, prepared in saturated solution and using the supernatant fluid, was the most reliable disinfectant.—*Journal of the American Medical Association*.

